MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-042416
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 321

FILED OCT 30 1963

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLAYTON
Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION: St Louis County Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: MEHLVILLE
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4947 RINGER Rd
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First MICHEAL Middle G. Last RYALS
4. DATE OF DEATH: Month OCT Day 19 Year 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ BABY
8. DATE OF BIRTH: 9-10-63
9. AGE (last birthday): 0
IF UNDER 1 YEAR: Months 1 Days 9 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIL
10b. KIND OF BUSINESS OR INDUSTRY: NIL
11. BIRTHPLACE (City and state or country): St Louis Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: MELVIN RYALS
13b. MOTHER'S MAIDEN NAME: ALICE COCHRAN
14. NAME OF HUSBAND OR WIFE: NIL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi: NIL
16. SOCIAL SECURITY NO.:
17. INFORMANT: MELVIN RYALS Address: 4947 RINGER Rd St Louis 26 Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Interstitial pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at DOA Co. Hosp. 10:59 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond L. Hamid Coroner
22b. ADDRESS: Clayton, Missouri
22c. DATE SIGNED: 10/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT-21-1963
23c. NAME OF CEMETERY ~~OR CREMATORY~~: MEMORIAL PARK Cem
23d. LOCATION (City, town, or county) (State): St Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: FEY FUNERAL HOME, MEHLVILLE Mo
25. DATE RECD. BY LOCAL REG.: 10-19-63
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____ No EMBALMING.

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.